#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

# **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

### **Facility Information**

Facility Name: MICHIGAN (0009604)

Address: 1505 MICHIGAN AVE, WAUKESHA, WI 53188

**License Status: REGULAR** 

Licensed/Certified/Registered 04/25/2002

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0093934 End Date: 01/05/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10008759 Served 01/25/2005

Deficiencies Cited Subject Area Subject Area Verified

88.06(3)(d)1 DESCRIPTION OF SERVICES 88.07(1)(e) OVERNIGHT SUPERVISION ified Corrected

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**Enforcement History** 

Date: 01/14/2005 SOD #10008759 Appealed: No

**Sanctions** 

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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**Complaint History** 

Date Complaint Received: 10/21/2004 Date Investigation Completed: 01/04/2005

Subject Area(s)ResultSOD #SUPERVISIONSUBSTANTIATED10008759

NUTRITION & FOOD SERVICESNOT SUBSTANTIATEDMEDICATIONSNOT SUBSTANTIATEDPROGRAM SERVICESNOT SUBSTANTIATED

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